

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33678

FILED OCT 22 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9034

1. PLACE OF DEATH:

(a) County.....
(b) City or town. **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
CITY Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Day** (Specify whether
In this community **10 YR.** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **NELLIE WRIGHT**

3. (b) If veteran, name war **NONE** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **FRED WRIGHT** 6. (c) Age of husband or wife if alive **23** years
7. Birth date of deceased **FEB. 23 1880**
(Month) (Day) (Year)

8. AGE: Years **63** Months **7** Days **16** If less than one day
hr. min.

9. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business

12. Name **WILLIAM MAZEIS**
13. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)
14. Maiden name **CATHERINE HAYES**
15. Birthplace **ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant **John Wright**

(b) Address **303 Antelope St**

17. (a) **BURIAL** (b) Date thereof **OCT. 14-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM.**

18. (a) Signature of funeral director **Diedrich Funeral Home**

(b) Address **8319 HALLS FERRY RD.**

19. (a) **OCT 13 1943** (b) **St. Louis**
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST. LOUIS**
(If outside city or town limits, write "RURAL")
(c) City or town **ST. LOUIS**
(If rural, give location)
(d) Street No. **301 ANTELOPE ST.**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **10**
year **1943** hour **8** minute **20 P.M.**

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Lobar Pneumonia;

Due to **Primary**

Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place) (c) Means of injury **3**

23. Signature **Alfred Perry** (M. D. or other)

Address **St. Louis** Date signed **10/13/43**

(Licensed Embalmer's Statement on reverse side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Signed

Arthur P. Seidrich

Licensed Embalmer No. 123556

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.